

**PART B - FEE(S) TRANSMITTAL**

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01333 7590 09/26/2006

**PATENT LEGAL STAFF**  
EASTMAN KODAK COMPANY  
343 STATE STREET  
ROCHESTER, NY 14650-2201

12/13/2006 CCHAUE 00000078 09692645

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|                   |  |                    |
|-------------------|--|--------------------|
| JOYCE DE VRIES    |  | (Depositor's name) |
| Joyce De Vries    |  | (Signature)        |
| DECEMBER 11, 2006 |  | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

09/692,645 10/19/2000 Edward M. Housel

MBHB00-591

8278

TITLE OF INVENTION: METHOD OF GENERATING PRINTER SETUP INSTRUCTIONS

H 80434/JDP

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$0                 | \$0                  | \$1400           | 12/26/2006 |

| EXAMINER     | ART UNIT | CLASS-SUBCLASS |
|--------------|----------|----------------|
| POON, KING Y | 2625     | 358-001130     |

|   |   |                         |
|---|---|-------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 JUSTIN D. PETRUZZELLI |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |   | 2 _____                 |
| <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   | 3 _____                 |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: EASTMAN KODAK COMPANY (B) RESIDENCE: (CITY and STATE OR COUNTRY)

**343 STATE STREET, ROCHESTER, NY 14650-2201**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies \_\_\_\_\_

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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature David A. Nouais /pnd

Date DECEMBER 11, 2006

Typed or printed name DAVID A. NOUAIS

Registration No. 33,324

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